

PLACE OF BIRTH

1. County of Maucape

ARIZONA STATE BOARD OF HEALTH

District of _____

BUREAU OF VITAL STATISTICS

State Index No. 479

Town of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

or

Local Registrar No. 878City of PhoenixNo. 1248 W. McKinley St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Horace Wayne Amberson If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other.

6. Legitimate?

7. Date of birth July 31, 1927Male

5. No., in order of birth.

yesMonth July day 31 year 1927

3. FATHER

Full name

H. M. Amberson

14. MOTHER

Full maiden name

Verna Naegle

9. Residence

(Usual place of abode)

If nonresident, give place and state

Phoenix

15. Residence

(Usual place of abode)

If nonresident, give place and state

Phoenix

10. Color or race

white11. Age at last birthday 21 (Years)

16. Color or race

white17. Age at last birthday 21 (Years)

12. Birthplace (city or place)

(State or country)

Texas

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Carpenter

19. Occupation

Nature of industry

H. W.

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living. 1
(b) Born alive but now dead. 0
(c) Stillborn. 021. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 p. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature

T. E. McCall

(Physician or midwife)

Address

Phoenix

Given name added from a supplemental report

Month, day, year.

Filed 8-12 1927

Filed _____ 19____

Registrar.

Local Registrar.

County Registrar.

815-731-555